


All health plans in Commonwealth Care offer the same health benefits. The benefits and copays are listed here.

Benefits. Health services you get from your health plan when you are in Commonwealth Care.

Copay. What you pay each time you get a service.

Maximum out-of-pocket copays. The most you will have to pay for services in a year.

Note: You may need prior approval from your health plan for some health services.



Call to enroll or ask questions, weekdays 8 a.m. to 5 p.m.

Call Commonwealth Care
1-877-MA-ENROLL
(1-877-623-6765)
TTY 1-877-623-7773.

Or visit our website:
www.macommonwealthcare.com

Benefit	Copay
Outpatient care	
Office visit to your PCP	\$5
Office visit to a specialist	\$10
Radiology, imaging (x-rays), lab work	\$0
Outpatient surgery at a hospital or ambulatory surgery center	\$50
Abortion	\$50
Inpatient care	
Hospital stay, may include surgery, x-rays, lab services, and room and board (copay is per stay)	\$50
Maximum copays (total out-of-pocket) you will pay for all surgeries in a year	\$250
Emergency care	
Emergency room visit (no copay if you are admitted to the hospital)	\$50
Prescription drugs	
30 day supply from a pharmacy	
• Generic drug	\$5
• Drug on your plan’s preferred list	\$10
• Drug <i>not</i> on your plan’s preferred list	\$30
3-month supply, by mail	
• Generic drug	\$10
• Drug on your plan’s preferred list	\$20
• Drug <i>not</i> on your plan’s preferred list	\$90
Maximum copays (total out-of-pocket) you will pay for all prescriptions in a year	\$250
Alcohol, drug abuse and mental health care	
Outpatient or office visit	\$10
Inpatient care (copay is per stay)	\$50
Vision	
Eye exam every 24 months	\$10
Free glasses every 24 months	\$0

Benefit	Copay
Diabetes care	
Office visit to PCP or podiatrist (may include orthotics)	\$5
Visit to specialist (may include orthotics)	\$10
Rehabilitation services	
Extended inpatient care (100 total days per calendar year)	
• In a skilled nursing facility	\$0
• In a rehabilitation hospital or chronic disease hospital (copay is per stay)	\$50
Physical therapy, speech or hearing therapy, pulmonary or occupational therapy (need plan approval for more than 20 visits)	\$10
Cardiac rehabilitation	\$0
Home health care	\$0
Maternity and family planning	
Outpatient office visit	\$0
Other benefits	
Ambulance (emergency only)	\$0
Prosthetics, oxygen and respiratory therapy equipment, other durable medical equipment	\$0
Hospice	\$0

You may need prior approval from your health plan for some health services.

Paying for Commonwealth Care

In Commonwealth Care you will pay premiums each month, and you will pay copays when you use some services. You can find the copays for services on this chart. Look at your enrollment form to see what your monthly premium costs will be.

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Benefit	Low PREMIUM Copay	Low COPAY Copay
Outpatient care		
Office visit to your PCP	\$10	\$5
Office visit to a specialist	\$20	\$10
Radiology, imaging (x-rays), lab work	\$0	\$0
Outpatient surgery at a hospital or ambulatory surgery center	\$100	\$50
Abortion	\$100	\$50
Inpatient care		
Hospital stay, may include surgery, x-rays, lab services, and room and board (copay is per stay)	\$250	\$50
Maximum copays (total out-of-pocket) you will pay for all surgeries in a year	\$500	\$250
Emergency care		
Emergency room visit (no copay if you are admitted to the hospital)	\$75	\$50
Prescription drugs		
30 day supply from a pharmacy		
• Generic drug	\$10	\$5
• Drug on your plan’s preferred list	\$20	\$10
• Drug <i>not</i> on your plan’s preferred list	\$40	\$30
3-month supply, by mail		
• Generic drug	\$20	\$10
• Drug on your plan’s preferred list	\$40	\$20
• Drug <i>not</i> on your plan’s preferred list	\$120	\$90
Maximum copays (total out-of-pocket) you will pay for all prescriptions in a year	\$500	\$250
Alcohol, drug abuse and mental health care		
Outpatient or office visit	\$20	\$10
Inpatient care (copay is per stay)	\$250	\$50
Vision		
Eye exam every 24 months	\$20	\$10
Free glasses every 24 months	\$0	\$0

Benefit	Low PREMIUM Copay	Low COPAY Copay
Diabetes care		
Office visit to PCP or podiatrist (may include orthotics)	\$10	\$5
Visit to specialist (may include orthotics)	\$20	\$10
Rehabilitation services		
Extended inpatient care (100 total days per calendar year)		
• In a skilled nursing facility	\$0	\$0
• In a rehabilitation hospital or chronic disease hospital (copay is per stay)	\$250	\$50
Physical therapy, speech or hearing therapy, pulmonary or occupational therapy (need plan approval for more than 20 visits)	\$20	\$10
Cardiac rehabilitation	\$0	\$0
Home health care	\$0	\$0
Maternity and family planning		
Outpatient office visit	\$0	\$0
Other benefits		
Ambulance (emergency only)	\$0	\$0
Prosthetics, oxygen and respiratory therapy equipment, or other durable medical equipment (copay is percentage of cost)	10%	\$0
Maximum copays (total out-of-pocket) you will pay for all prosthetics, oxygen and respiratory therapy equipment, and other durable medical equipment in a year	\$500	\$0
Hospice	\$0	\$0
Maximum copays (total out-of-pocket) you will pay for all services in a year	\$750	none

How would you like to pay?

Low Copay: Pay a higher monthly premium but pay lower copays for services. If you have a medical condition and see a specialist often, this might be a good choice for you.

Low Premium: Pay a lower monthly premium but pay higher copays for services. If you are healthy and don’t visit doctors often, this might be a good choice for you.

Look at the copays for services on this chart, and think about how often you might use the services. Look at your enrollment form to see what your monthly premium costs will be. Then choose how you would like to pay.